The Nash Group

Staff Workload Analysis | V13

CHANGE INNOVATION & ANALYTICS

Founded in 1992, The Nash Group consults with hospitals nationwide to improve operations and workforce management. The group combines unique methodologies with high-end analytics and state-of-the-art monitoring tools to aggregate care, redefine clinical workloads and build workforce plans that lower labor cost.

Based in Chicago, The Nash Group is led by:

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THE NASH GROUP

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DATA DEMOGRAPHICS

	TEACHING HOSPITALS	COMMUNITY HOSPITALS	RURAL HOSPITALS
Classification of inpatient units by geographical location (n = 1327)	37.1%	54.2%	8.7%
Hospitals case mix index (n = 618)	1.58	1.31	1.26
Hospitals average length of stay (n = 617)	5.1	4.3	4.1
Hospitals nursing average turnover rates (n = 617)	16.5%	15.4%	14.5%

TEACHING HOSPITALS

Teaching hospitals provide a broader range of services and cover more complex cases. This often requires nurses to take adjusted assignments compared to community hospitals.

DATA DEMOGRAPHICS (CONT.)

COMMUNITY HOSPITALS

These hospitals are often at the center of their community. Inpatient clinical assignments are commonly adjusted to meet predetermined financial expectations. There is a broader range of assignments within community hospitals than in any other category.

RURAL HOSPITALS

Lower volumes and location plays a significant role in the type of assignments that these hospitals can provide. Nurse to patients workloads may result in a broader scope of care due to the level of staff scarcity.
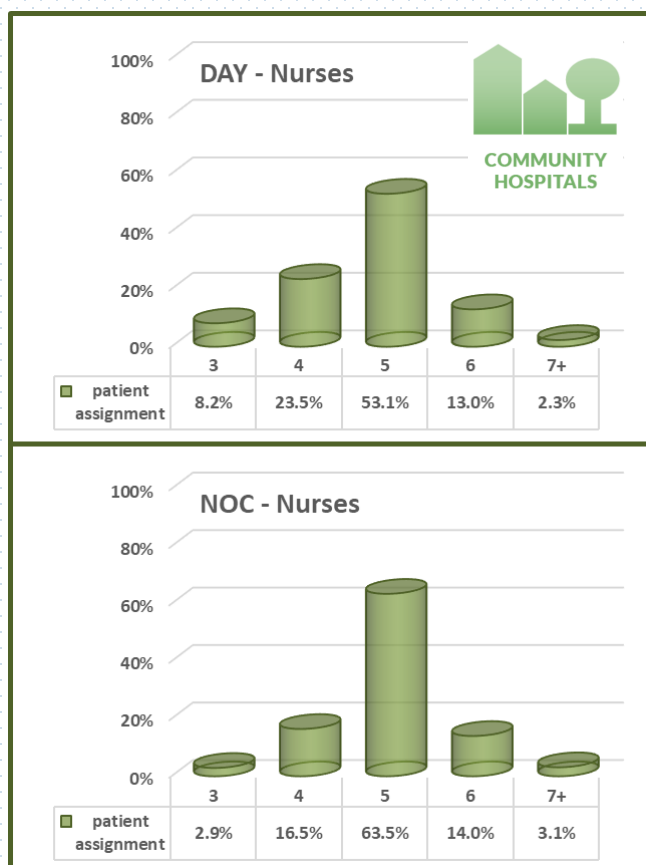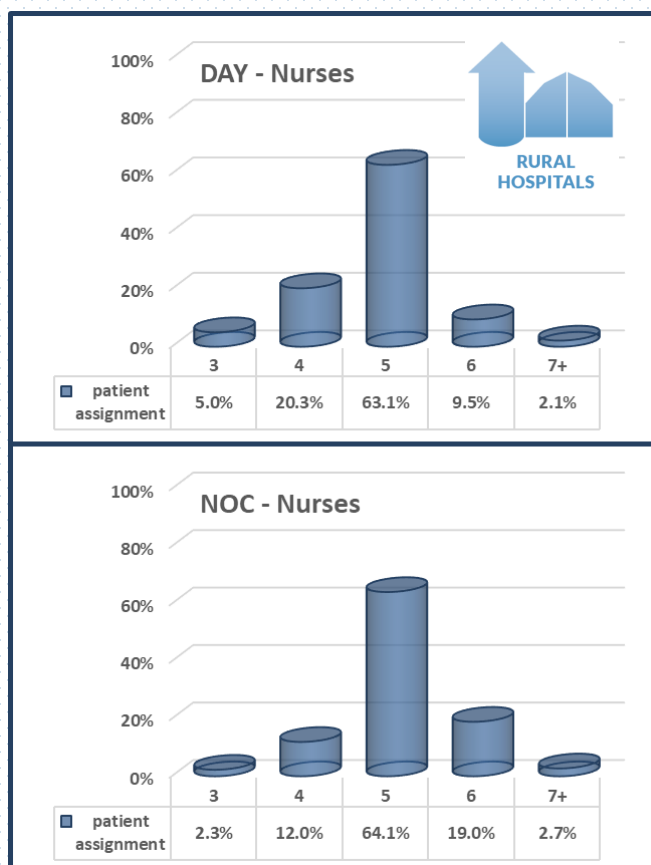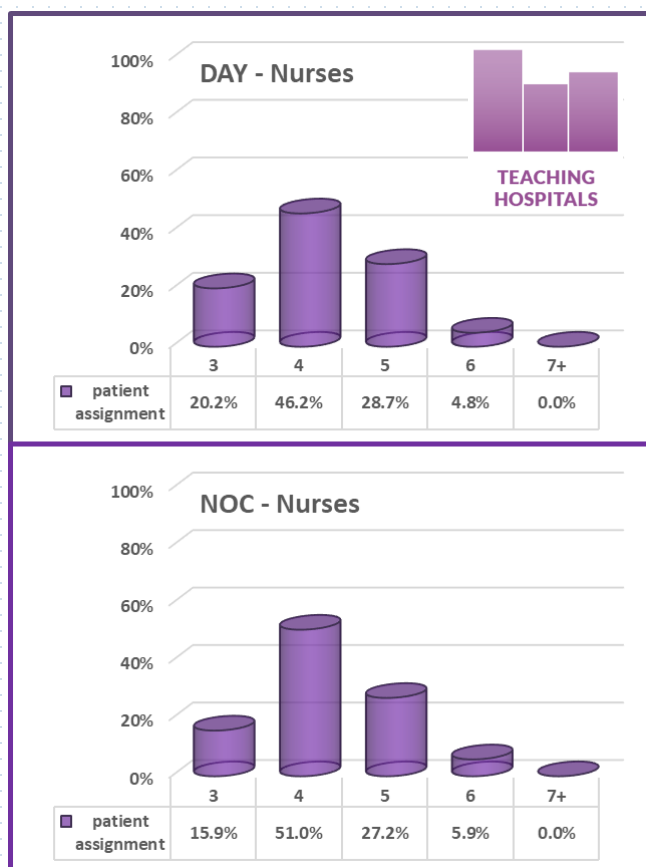
MEDICAL/SURGICAL — NURSES

Medical/Surgical units are the backbone of hospital care. Staff assignments continuously fluctuate with patient volumes challenging care delivery and productivity. The Nash Group Economic Sizing™ methodology solves inconsistent assignments while meeting financial imperatives.

DAY: Day, Eve and Day-12hr Shifts (n = 1327)
NOC: Night and Night-12hr Shifts (n = 1327)

DAY - Nurses — TEACHING HOSPITALS

	3	4	5	6	7+
patient assignment	20.2%	46.2%	28.7%	4.8%	0.0%

NOC - Nurses

	3	4	5	6	7+
patient assignment	15.9%	51.0%	27.2%	5.9%	0.0%

DAY - Nurses — RURAL HOSPITALS

	3	4	5	6	7+
patient assignment	5.0%	20.3%	63.1%	9.5%	2.1%

NOC - Nurses

	3	4	5	6	7+
patient assignment	2.3%	12.0%	64.1%	19.0%	2.7%

DAY - Nurses — COMMUNITY HOSPITALS

	3	4	5	6	7+
patient assignment	8.2%	23.5%	53.1%	13.0%	2.3%

NOC - Nurses

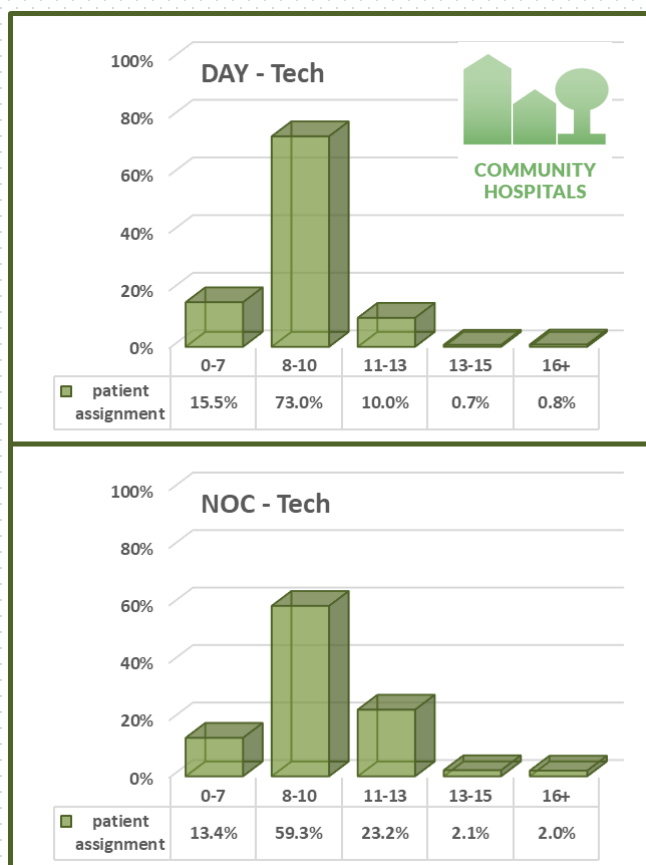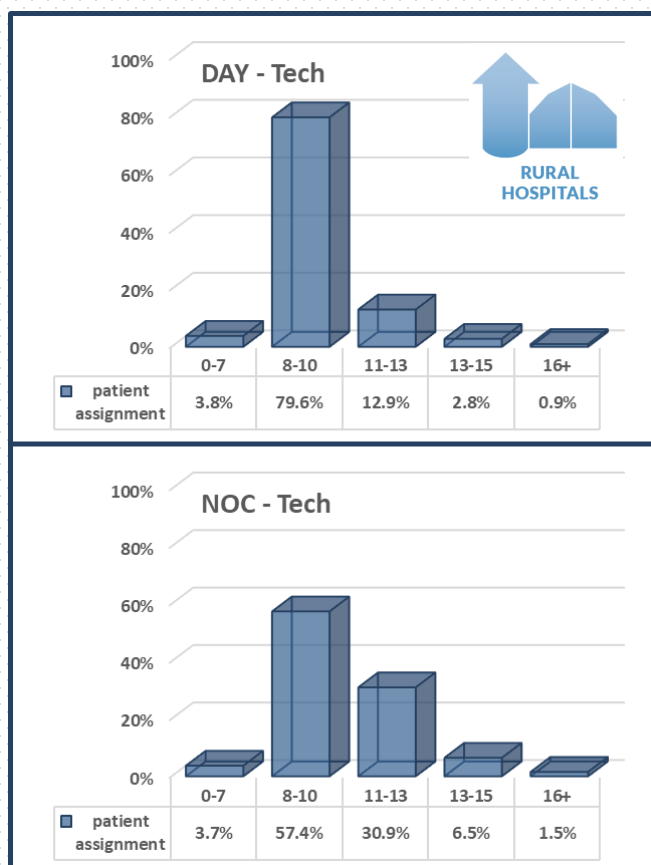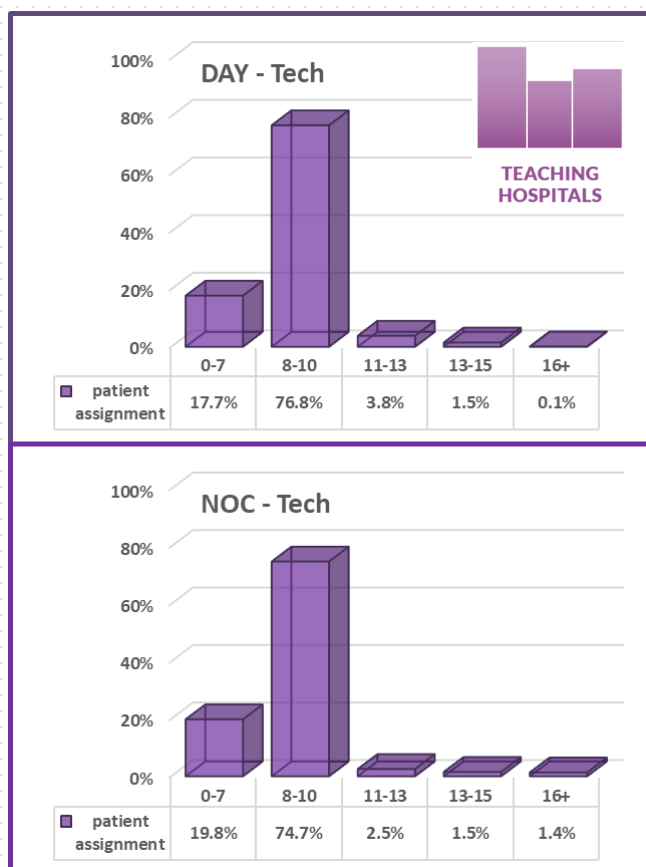|	3	4	5	6	7+
patient assignment	2.9%	16.5%	63.5%	14.0%	3.1%

MEDICAL/SURGICAL— PATIENT CARE TECHS

Healthcare systems across the country continue to experience shortages of patient care technicians. The Nash Group offers the proper analytics to adjust care plans to meet head counts and sitter needs.

DAY: Day, Eve and Day-12hr Shifts (n = 1327)
NOC: Night and Night-12hr Shifts (n = 1327)

DAY - Tech — TEACHING HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	17.7%	76.8%	3.8%	1.5%	0.1%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	19.8%	74.7%	2.5%	1.5%	1.4%

DAY - Tech — RURAL HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	3.8%	79.6%	12.9%	2.8%	0.9%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	3.7%	57.4%	30.9%	6.5%	1.5%

DAY - Tech — COMMUNITY HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	15.5%	73.0%	10.0%	0.7%	0.8%

NOC - Tech

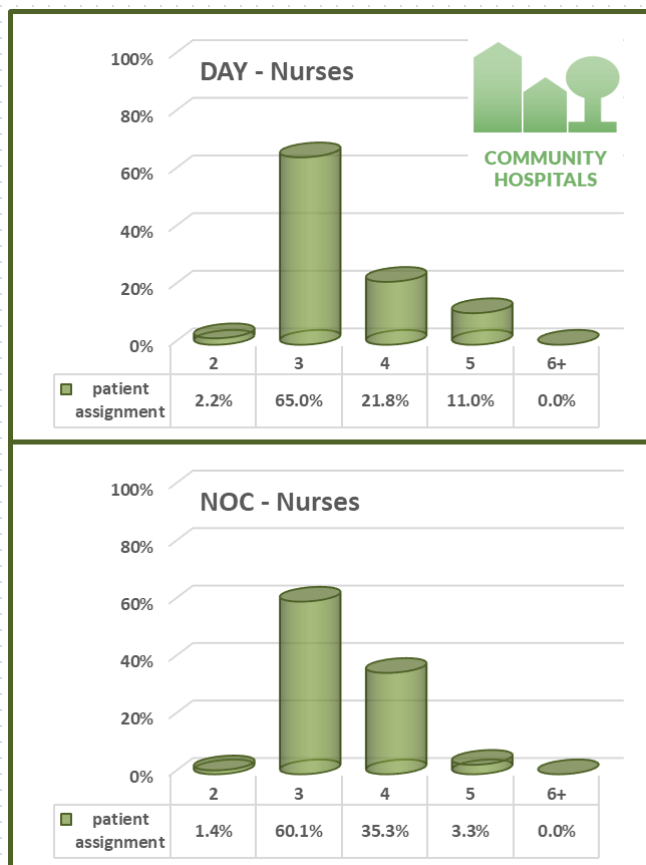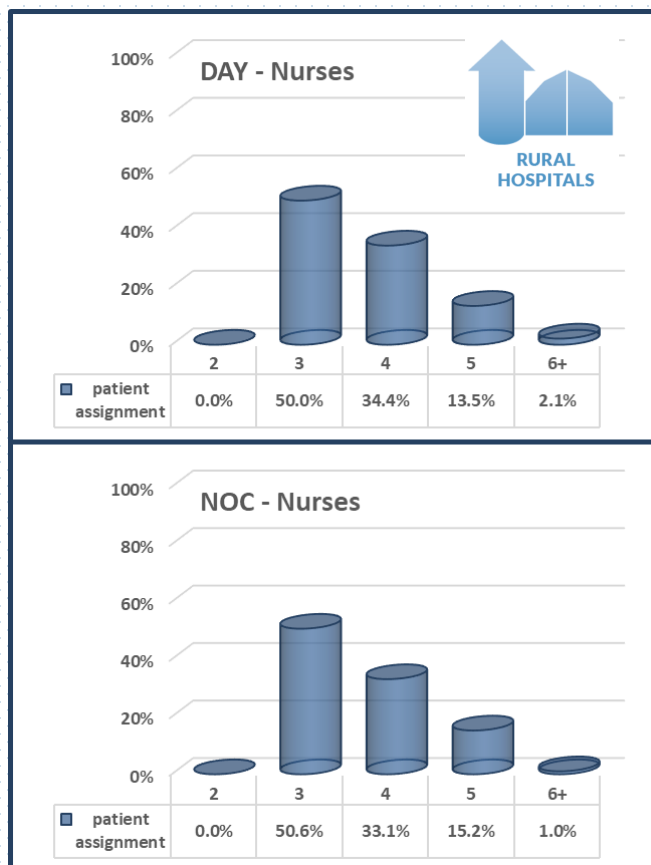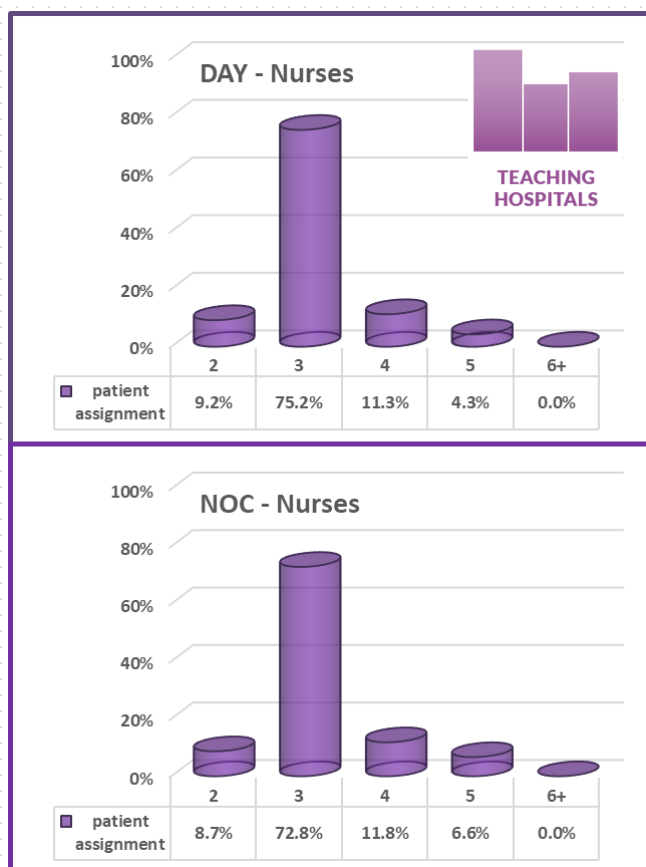| patient assignment	0-7	8-10	11-13	13-15	16+
	13.4%	59.3%	23.2%	2.1%	2.0%

STEP DOWN — NURSES

Step Down units were the response to care that did not need intensive care levels but required more clinical surveillance than med/surg staff could provide. Over the last decade assignments have improved rendering these units partially obsolete and acquiring specialty clinical roles. The Nash Group offers patient aggregation methodologies that provide the best use of skill competencies.

DAY: Day, Eve and Day-12hr Shifts (n = 691)
NOC: Night and Night-12hr Shifts (n = 691)

DAY - Nurses — TEACHING HOSPITALS

	2	3	4	5	6+
patient assignment	9.2%	75.2%	11.3%	4.3%	0.0%

NOC - Nurses

	2	3	4	5	6+
patient assignment	8.7%	72.8%	11.8%	6.6%	0.0%

DAY - Nurses — RURAL HOSPITALS

	2	3	4	5	6+
patient assignment	0.0%	50.0%	34.4%	13.5%	2.1%

NOC - Nurses

	2	3	4	5	6+
patient assignment	0.0%	50.6%	33.1%	15.2%	1.0%

DAY - Nurses — COMMUNITY HOSPITALS

	2	3	4	5	6+
patient assignment	2.2%	65.0%	21.8%	11.0%	0.0%

NOC - Nurses

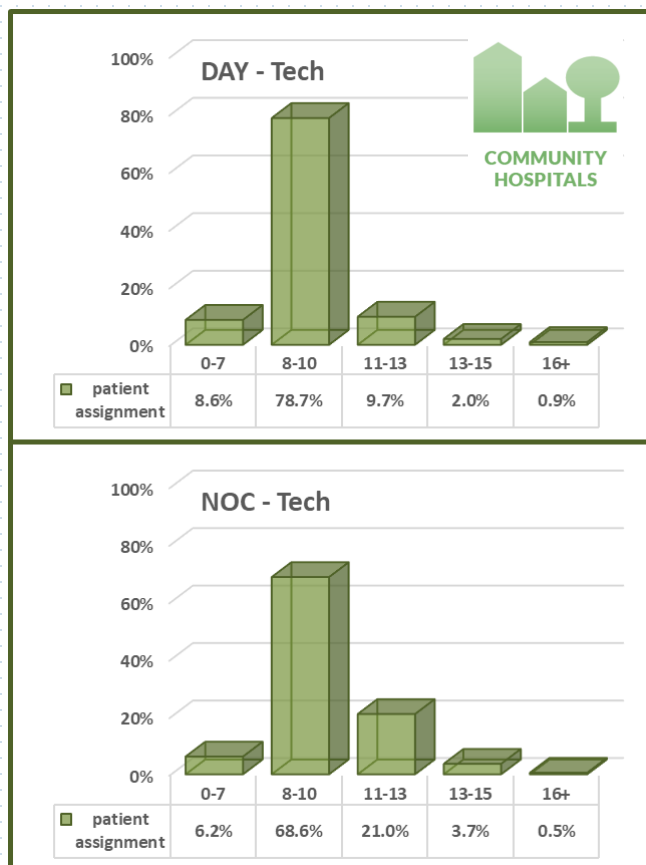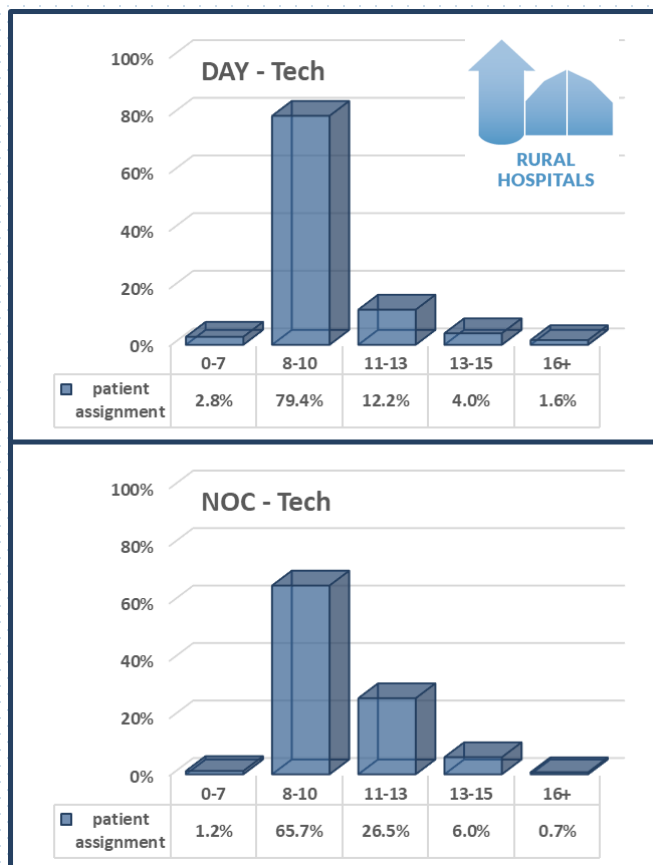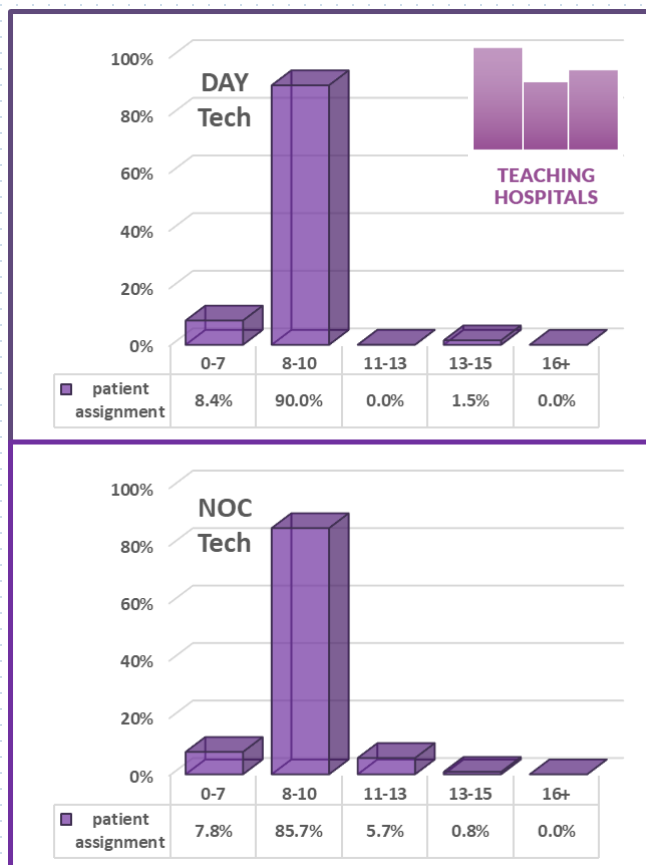|	2	3	4	5	6+
patient assignment	1.4%	60.1%	35.3%	3.3%	0.0%

STEP DOWN — PATIENT CARE TECHS

Step Down units are exposed to similar head count problems like the med/surg units. The Nash Group offers essential adjustments to their schedule templates away from ADC to upper quartile levels (TQS™) that anticipate call-in, FMLA, and other nonproductive needs.

DAY: Day, Eve and Day-12hr Shifts (n = 691)

NOC: Night and Night-12hr Shifts (n = 691)

DAY Tech — TEACHING HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	8.4%	90.0%	0.0%	1.5%	0.0%

NOC Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	7.8%	85.7%	5.7%	0.8%	0.0%

DAY - Tech — RURAL HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	2.8%	79.4%	12.2%	4.0%	1.6%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	1.2%	65.7%	26.5%	6.0%	0.7%

DAY - Tech — COMMUNITY HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	8.6%	78.7%	9.7%	2.0%	0.9%

NOC - Tech

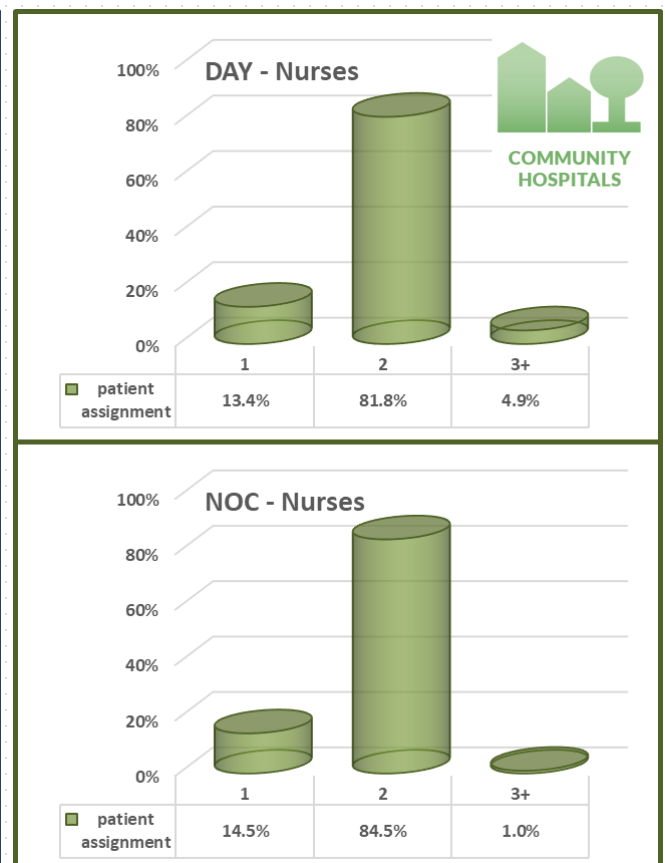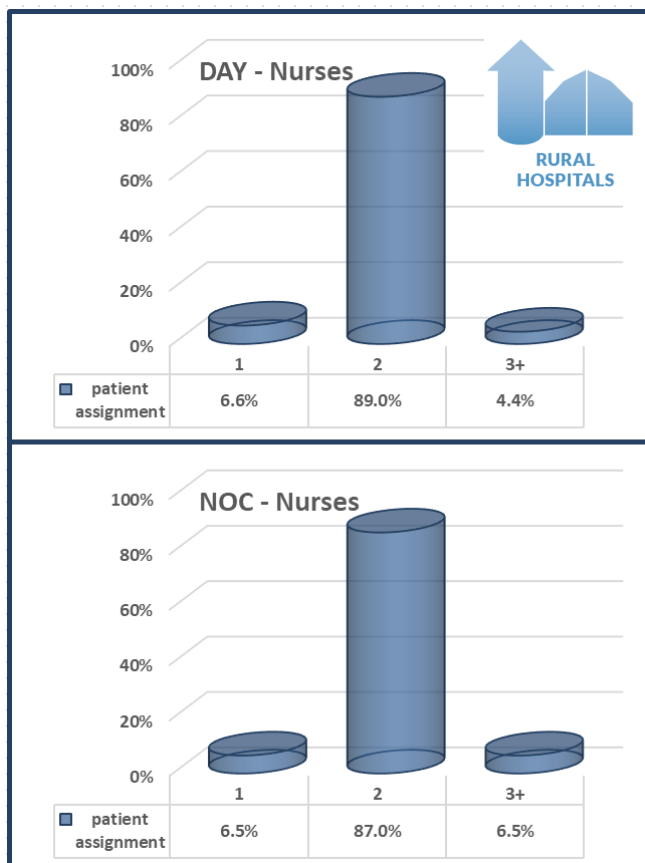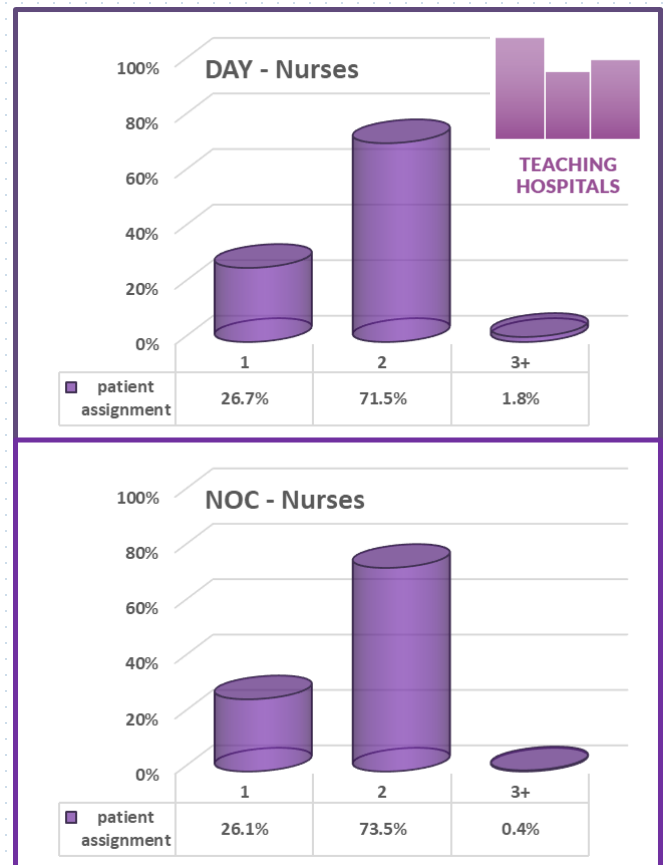| patient assignment	0-7	8-10	11-13	13-15	16+
	6.2%	68.6%	21.0%	3.7%	0.5%

CRITICAL CARE — NURSES

Critical Care target assignments have remained constant at 2 patients per nurse. However, complexity of care is increasing the need for more nurses with single patient assignments. The Nash Group offers analytics to properly plan critical care staff requirements.

DAY: Day, Eve and Day-12hr Shifts (n = 408)
NOC: Night and Night-12hr Shifts (n = 408)

TEACHING HOSPITALS

DAY - Nurses

patient assignment	1	2	3+
	26.7%	71.5%	1.8%

NOC - Nurses

patient assignment	1	2	3+
	26.1%	73.5%	0.4%

RURAL HOSPITALS

DAY - Nurses

patient assignment	1	2	3+
	6.6%	89.0%	4.4%

NOC - Nurses

patient assignment	1	2	3+
	6.5%	87.0%	6.5%

COMMUNITY HOSPITALS

DAY - Nurses

patient assignment	1	2	3+
	13.4%	81.8%	4.9%

NOC - Nurses

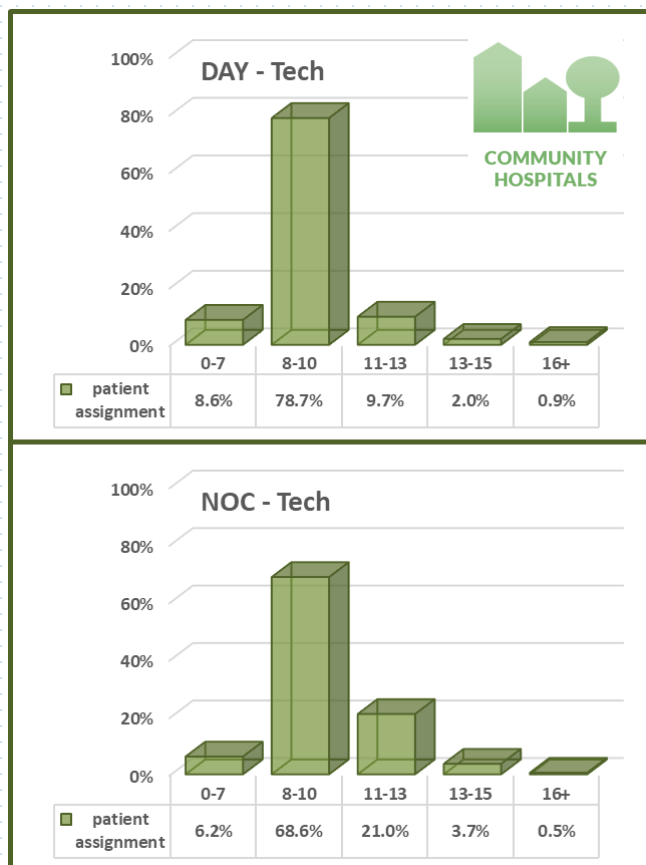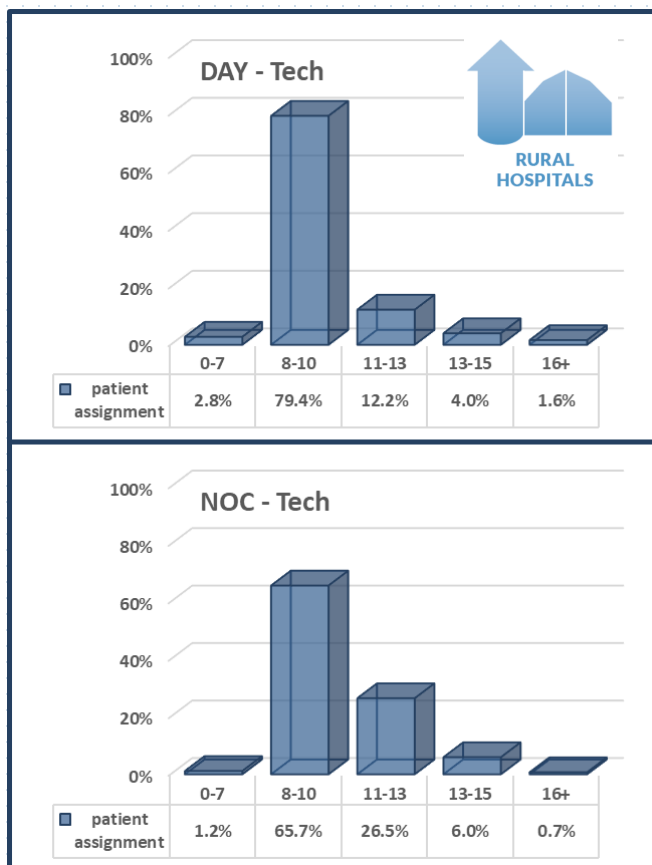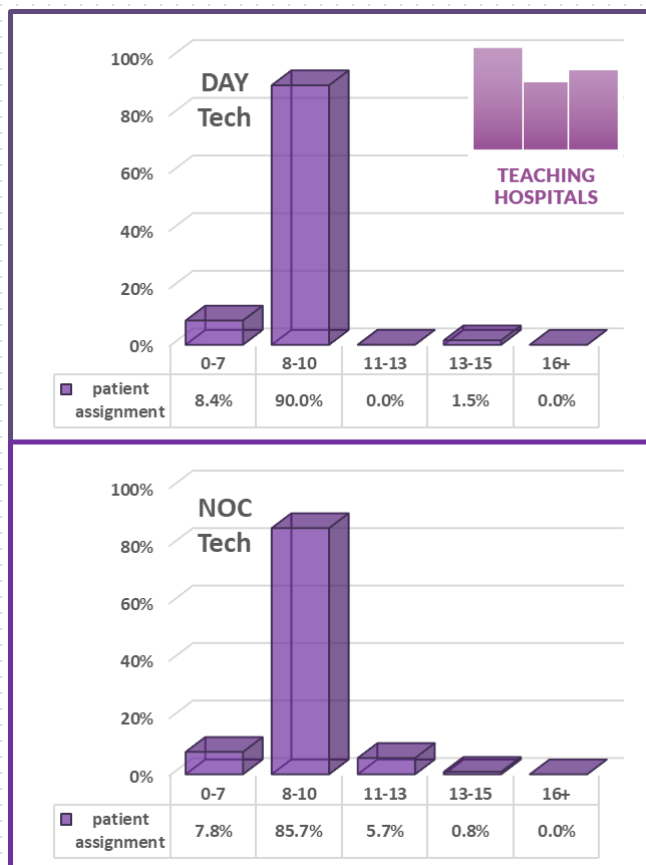| patient assignment	1	2	3+
	14.5%	84.5%	1.0%

CRITICAL CARE — PATIENT CARE TECHS

Use of patient care technicians in critical care is limited and usually does not exceed more than one for the entire unit. The Nash Group offers skill assessments for all care team members.

DAY: Day, Eve and Day-12hr Shifts (n = 408)
NOC: Night and Night-12hr Shifts (n = 408)

DAY Tech — TEACHING HOSPITALS

	0-7	8-10	11-13	13-15	16+
patient assignment	8.4%	90.0%	0.0%	1.5%	0.0%

NOC Tech

	0-7	8-10	11-13	13-15	16+
patient assignment	7.8%	85.7%	5.7%	0.8%	0.0%

DAY - Tech — RURAL HOSPITALS

	0-7	8-10	11-13	13-15	16+
patient assignment	2.8%	79.4%	12.2%	4.0%	1.6%

NOC - Tech

	0-7	8-10	11-13	13-15	16+
patient assignment	1.2%	65.7%	26.5%	6.0%	0.7%

DAY - Tech — COMMUNITY HOSPITALS

	0-7	8-10	11-13	13-15	16+
patient assignment	8.6%	78.7%	9.7%	2.0%	0.9%

NOC - Tech

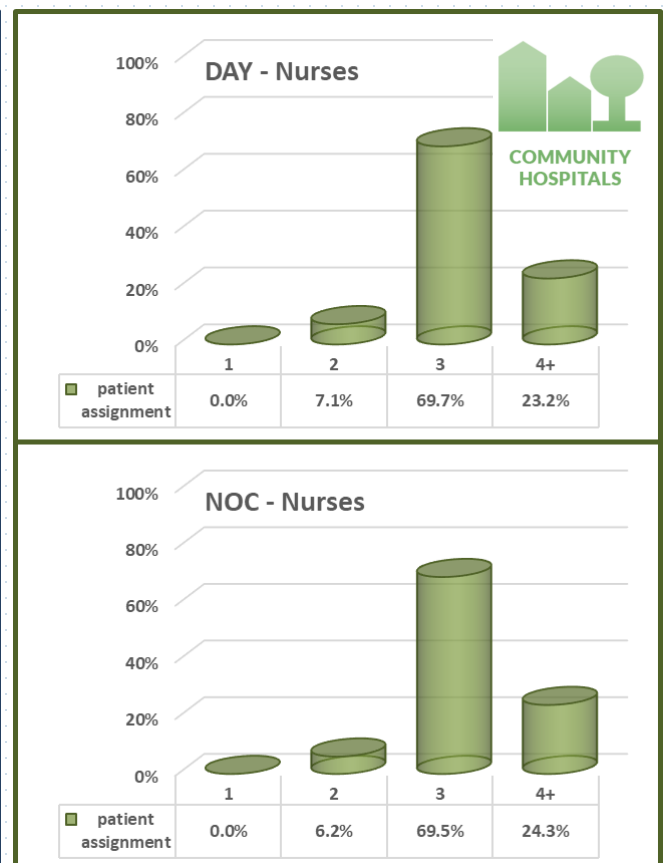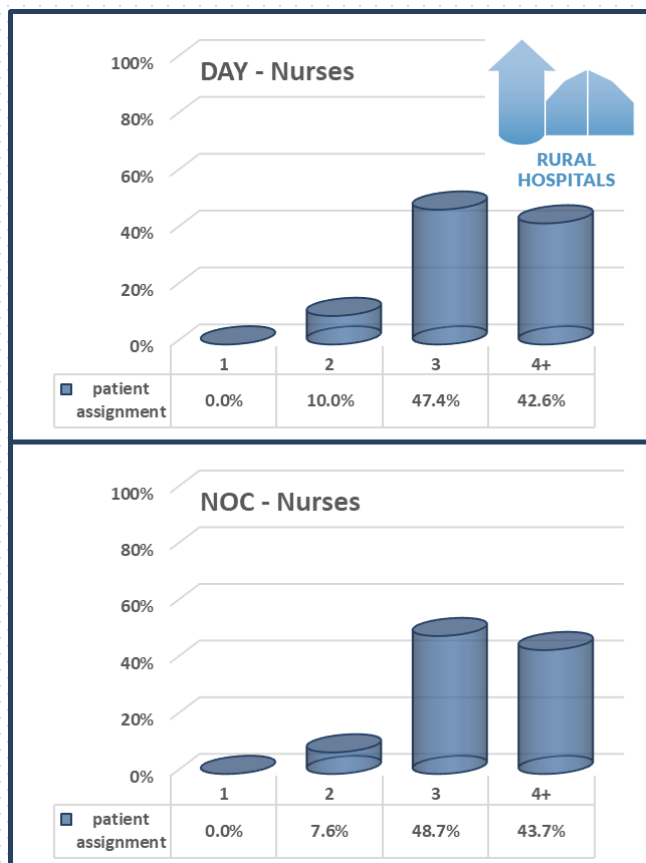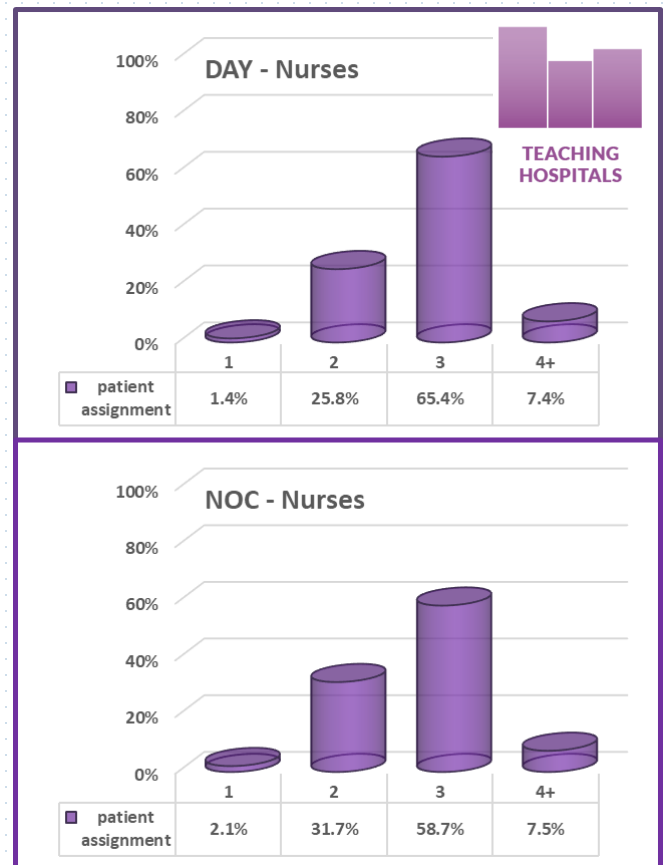|	0-7	8-10	11-13	13-15	16+
patient assignment	6.2%	68.6%	21.0%	3.7%	0.5%

PEDIATRICS — NURSES

Pediatric activity is often combined with sources other than inpatients to support clinical segregation. The Nash Group offers complete methods to determine when it is merited to aggregate pediatric services to provide consistent operations and top clinical care .

DAY: Day, Eve and Day-12hr Shifts (n = 277)
NOC: Night and Night-12hr Shifts (n = 277)

DAY - Nurses — TEACHING HOSPITALS

	1	2	3	4+
patient assignment	1.4%	25.8%	65.4%	7.4%

NOC - Nurses

	1	2	3	4+
patient assignment	2.1%	31.7%	58.7%	7.5%

DAY - Nurses — RURAL HOSPITALS

	1	2	3	4+
patient assignment	0.0%	10.0%	47.4%	42.6%

NOC - Nurses

	1	2	3	4+
patient assignment	0.0%	7.6%	48.7%	43.7%

DAY - Nurses — COMMUNITY HOSPITALS

	1	2	3	4+
patient assignment	0.0%	7.1%	69.7%	23.2%

NOC - Nurses

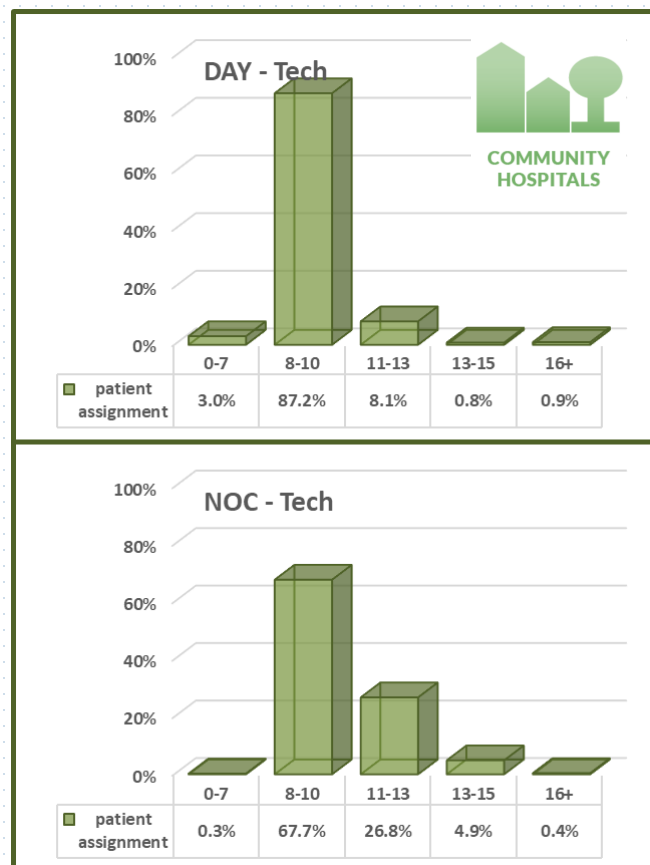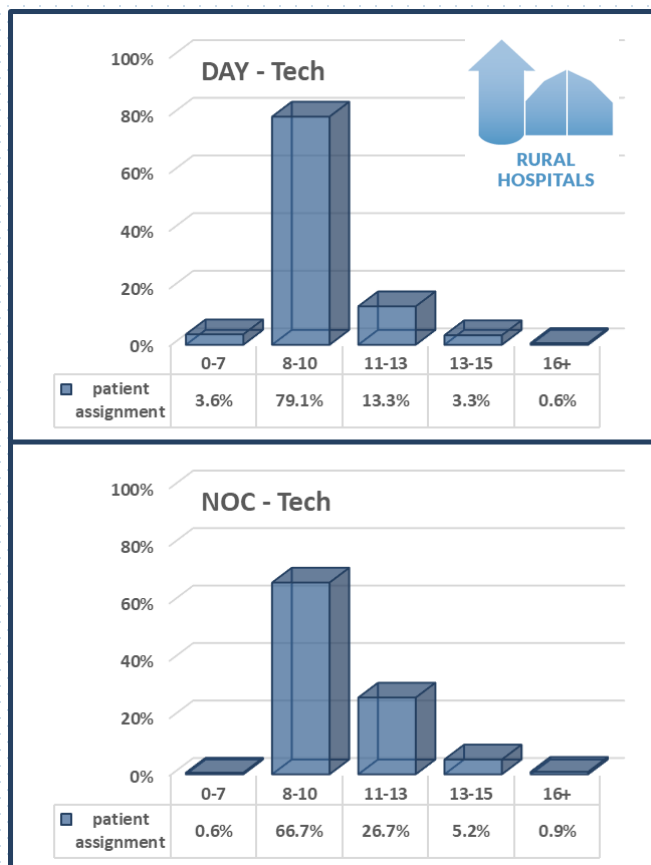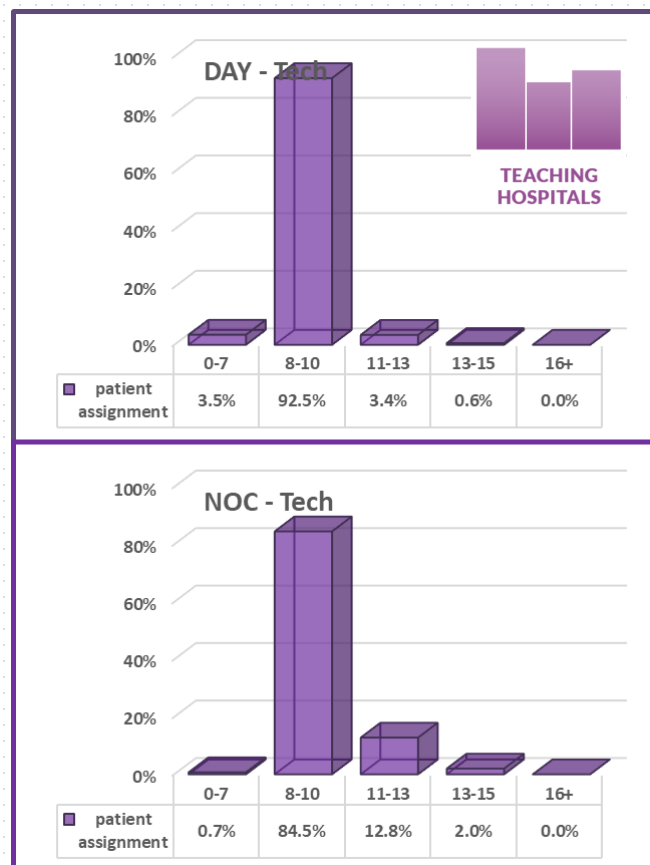|	1	2	3	4+
patient assignment	0.0%	6.2%	69.5%	24.3%

PEDIATRICS — PATIENT CARE TECHS

Patient care technicians play a limited role within pediatric services. Patient care demand in community and rural hospitals are routinely covered with only nurses. The Nash Group offers complete seasonal activity analysis to anticipate patient care technician needs.
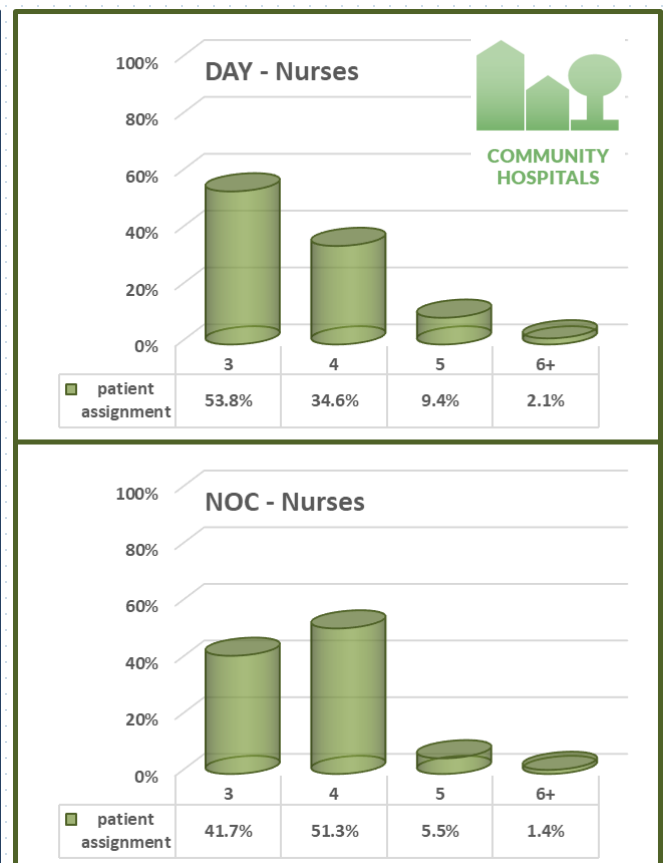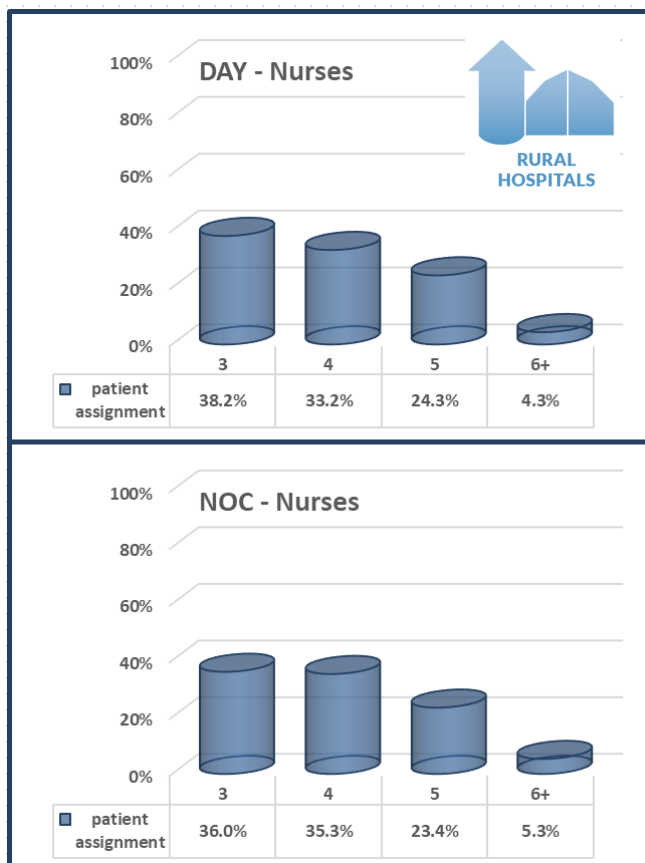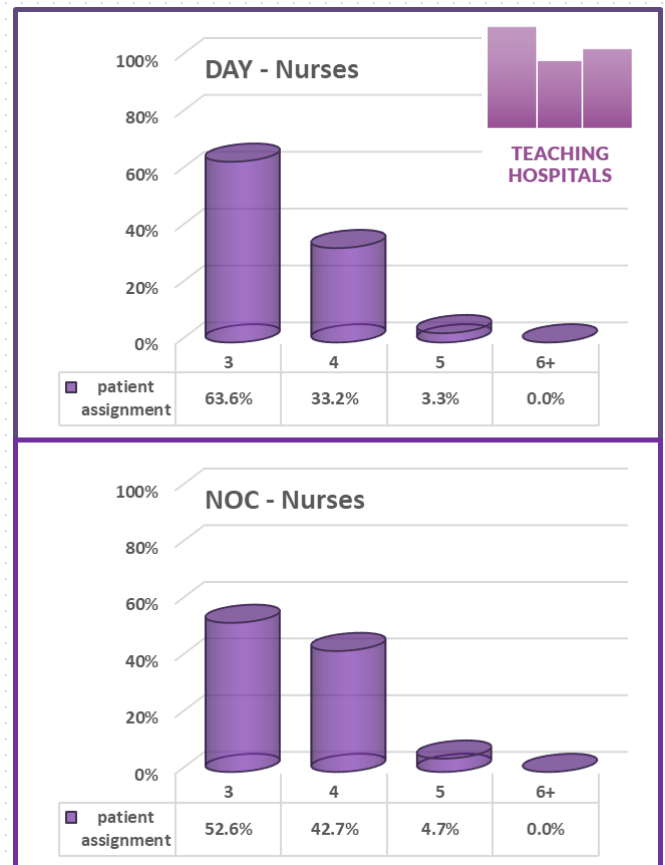
DAY: Day, Eve and Day-12hr Shifts (n = 277)
NOC: Night and Night-12hr Shifts (n = 277)

DAY - Tech — TEACHING HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	3.5%	92.5%	3.4%	0.6%	0.0%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	0.7%	84.5%	12.8%	2.0%	0.0%

DAY - Tech — RURAL HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	3.6%	79.1%	13.3%	3.3%	0.6%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	0.6%	66.7%	26.7%	5.2%	0.9%

DAY - Tech — COMMUNITY HOSPITALS

patient assignment	0-7	8-10	11-13	13-15	16+
	3.0%	87.2%	8.1%	0.8%	0.9%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	0.3%	67.7%	26.8%	4.9%	0.4%

POSTPARTUM — NURSES

AWHONN guidelines for nurse assignments are comprehensive but hard to operationalize for many hospitals. Fluctuating volumes, rigid procedure blocked schedule times and increased outpatient services constantly challenges care assignments. The Nash Group offers state-of-the-art workforce management methods that resolve staffing inconsistencies .

DAY: Day, Eve and Day-12hr Shifts (n = 364)
NOC: Night and Night-12hr Shifts (n = 364)

DAY - Nurses — TEACHING HOSPITALS

patient assignment	3	4	5	6+
	63.6%	33.2%	3.3%	0.0%

NOC - Nurses

patient assignment	3	4	5	6+
	52.6%	42.7%	4.7%	0.0%

DAY - Nurses — RURAL HOSPITALS

patient assignment	3	4	5	6+
	38.2%	33.2%	24.3%	4.3%

NOC - Nurses

patient assignment	3	4	5	6+
	36.0%	35.3%	23.4%	5.3%

DAY - Nurses — COMMUNITY HOSPITALS

patient assignment	3	4	5	6+
	53.8%	34.6%	9.4%	2.1%

NOC - Nurses

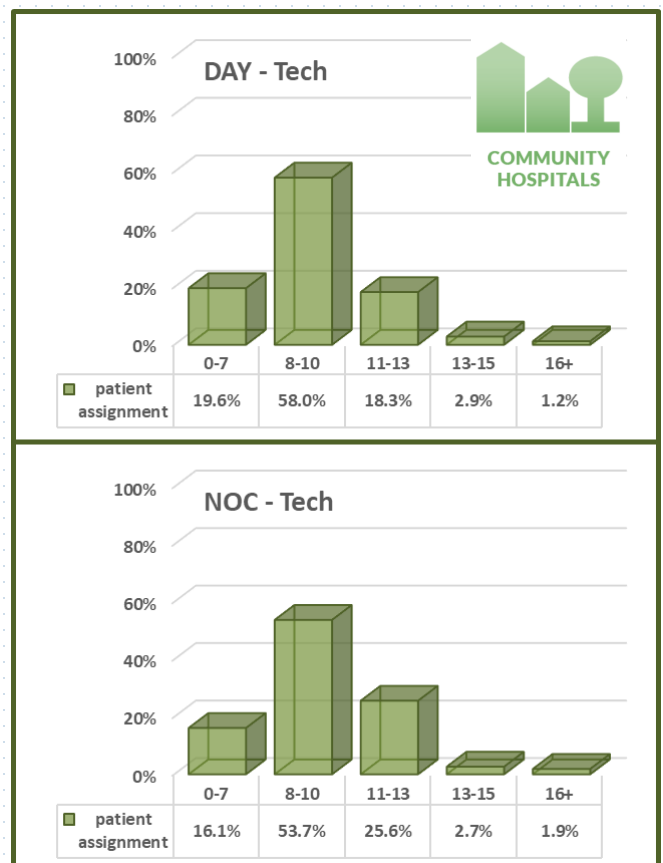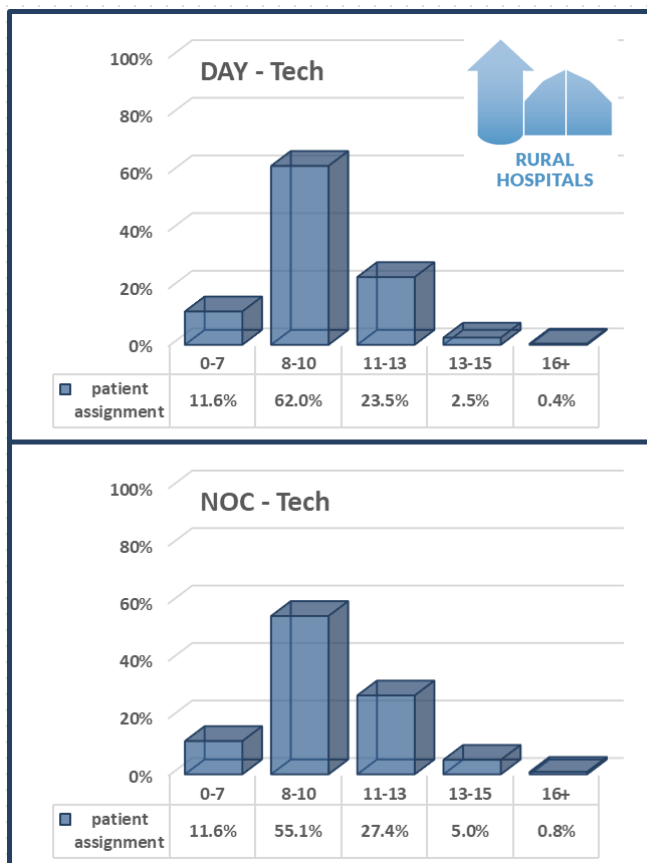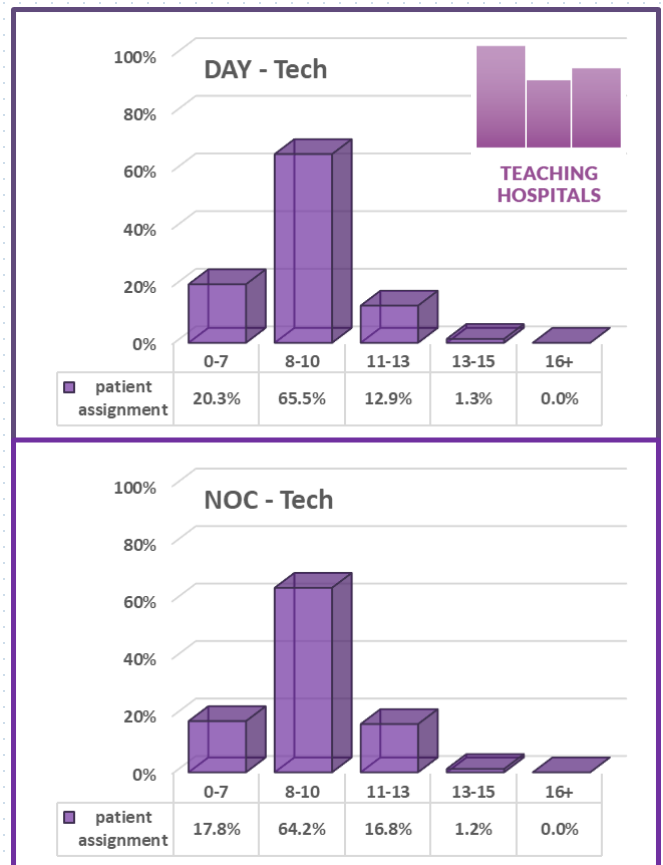| patient assignment	3	4	5	6+
	41.7%	51.3%	5.5%	1.4%

POSTPARTUM — PATIENT CARE TECHS

Support personnel is limited in postpartum services. The Nash Group offers complete care model and skill mix allocation methodologies that greatly expand workforce management compliance.
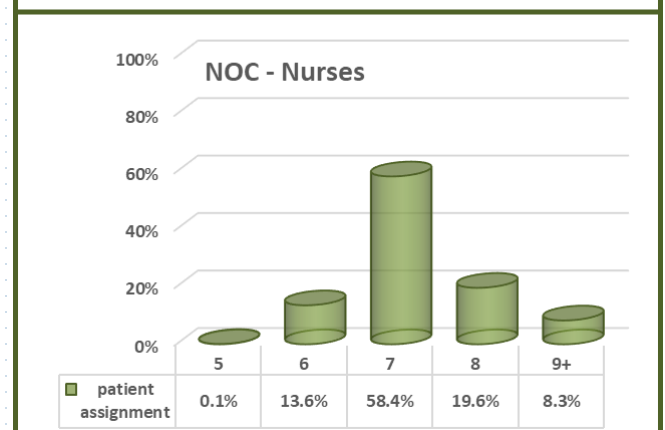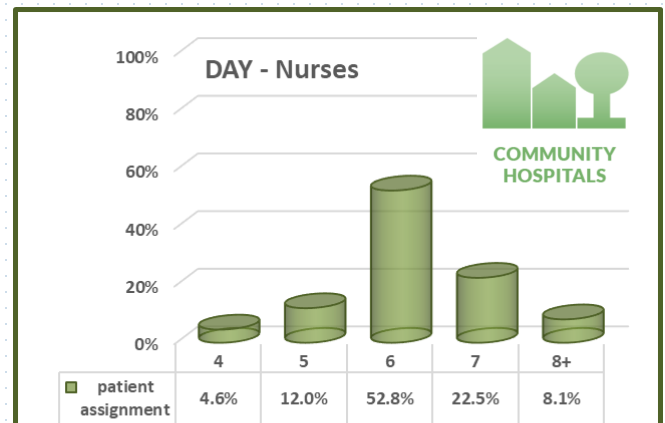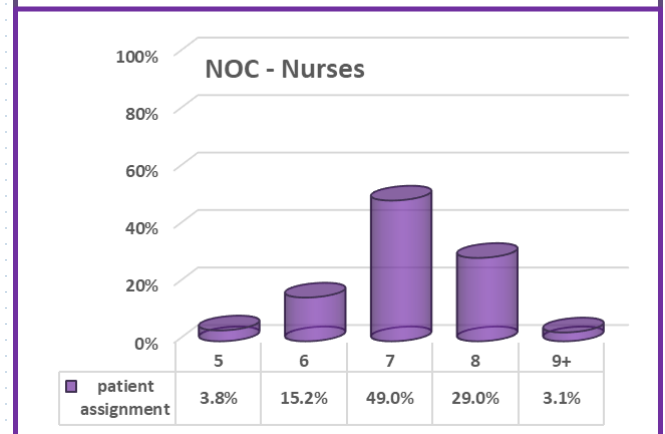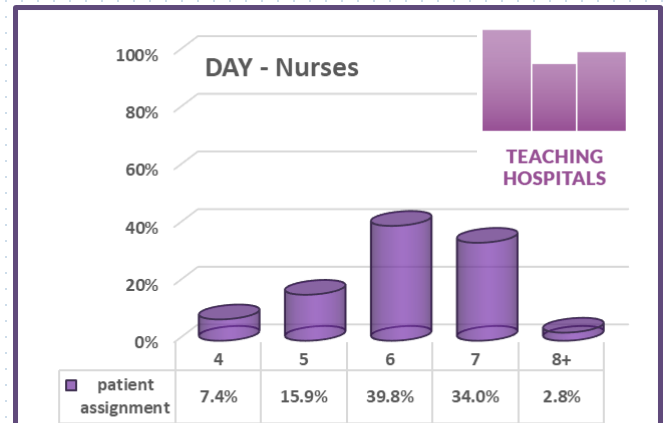
DAY: Day, Eve and Day-12hr Shifts (n = 364)
NOC: Night and Night-12hr Shifts (n = 364)

TEACHING HOSPITALS

DAY - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	20.3%	65.5%	12.9%	1.3%	0.0%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	17.8%	64.2%	16.8%	1.2%	0.0%

RURAL HOSPITALS

DAY - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	11.6%	62.0%	23.5%	2.5%	0.4%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	11.6%	55.1%	27.4%	5.0%	0.8%

COMMUNITY HOSPITALS

DAY - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	19.6%	58.0%	18.3%	2.9%	1.2%

NOC - Tech

patient assignment	0-7	8-10	11-13	13-15	16+
	16.1%	53.7%	25.6%	2.7%	1.9%

BEHAVIORAL HEALTH — NURSES

Limited availability of inpatient behavioral units has created significant pressure for care to be provided for the most acute patients. The Nash Analytics™ closely monitors patient types that can significantly impact planned staff assignments.

DAY: Day, Eve and Day-12hr Shifts (n = 328)
NOC: Night and Night-12hr Shifts (n = 328)

DAY - Nurses — TEACHING HOSPITALS

patient assignment	4	5	6	7	8+
	7.4%	15.9%	39.8%	34.0%	2.8%

NOC - Nurses

patient assignment	5	6	7	8	9+
	3.8%	15.2%	49.0%	29.0%	3.1%

DAY - Nurses — COMMUNITY HOSPITALS

patient assignment	4	5	6	7	8+
	4.6%	12.0%	52.8%	22.5%	8.1%

NOC - Nurses

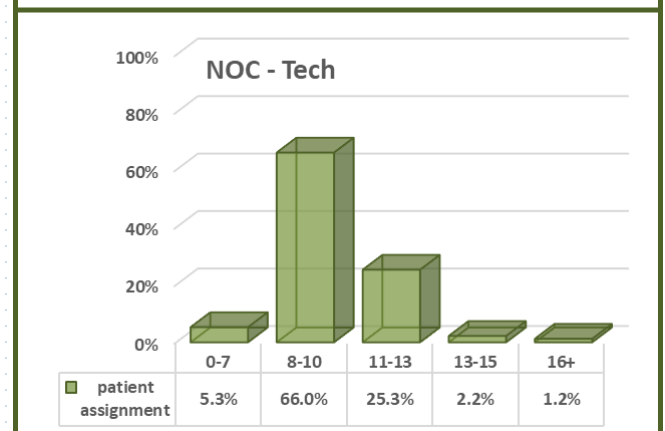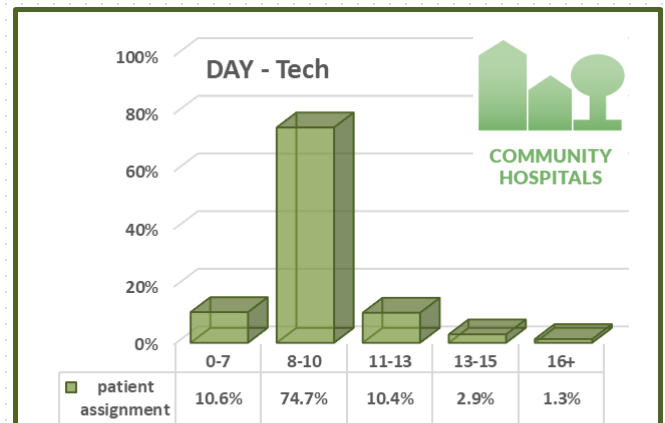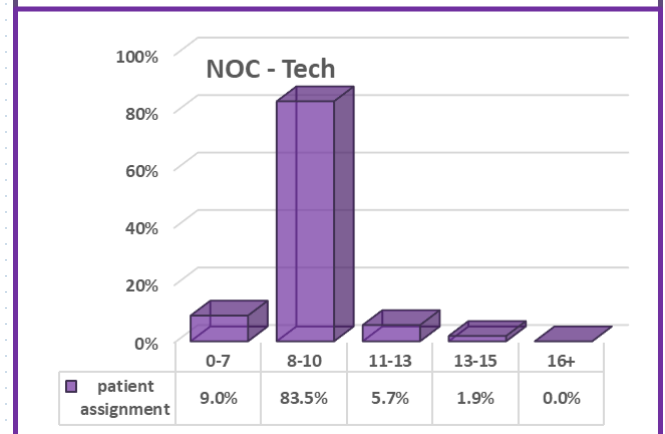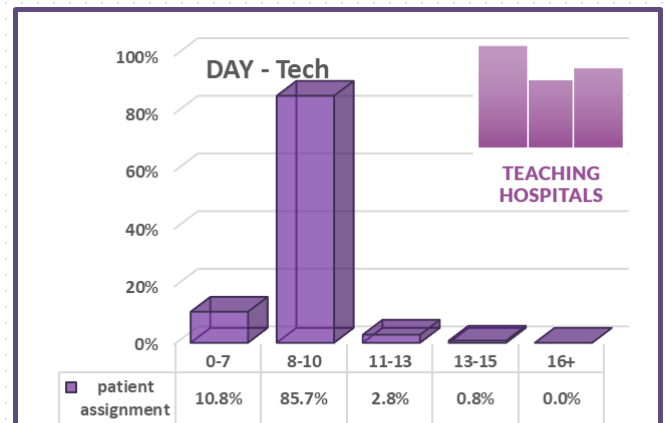| patient assignment	5	6	7	8	9+
	0.1%	13.6%	58.4%	19.6%	8.3%

BEHAVIORAL HEALTH — PATIENT CARE TECHS

Behavioral health technicians are pivotal for the delivery of care within inpatient care units. Shortages are less severe than other hospital services. The Nash Group offers key strategies for complete care team integration.

DAY: Day, Eve and Day-12hr Shifts (n = 328)
NOC: Night and Night-12hr Shifts (n = 328)

TEACHING HOSPITALS

DAY - Tech

	0-7	8-10	11-13	13-15	16+
patient assignment	10.8%	85.7%	2.8%	0.8%	0.0%

NOC - Tech

	0-7	8-10	11-13	13-15	16+
patient assignment	9.0%	83.5%	5.7%	1.9%	0.0%

COMMUNITY HOSPITALS

DAY - Tech

	0-7	8-10	11-13	13-15	16+
patient assignment	10.6%	74.7%	10.4%	2.9%	1.3%

NOC - Tech

	0-7	8-10	11-13	13-15	16+
patient assignment	5.3%	66.0%	25.3%	2.2%	1.2%

premier methodologies & unique analytic tools

inpatient services

- staffing plans and workloads
- placement and aggregation
- EcoSize™
- TQS™ top quartile scheduling
- adtFM™
- case management

emergency services

- first contact™
- optimal labor allocation to service demand and staff workloads
- support integration
- TQS™ top quartile schedules

outpatient services

- staffing plans and workloads
- service modalities and schedules
- TQS™ top quartile scheduling

support services

- optimal labor allocation to service demand and staff workloads
- service deployment or centralization
- shortest process, priority and round-robin service modalities
- TQS™ top quartile scheduling